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**TO**

**Name:** Examiner Qamrun Nahar  
**Firm:** USPTO  
**Fax No.:** 703.872.9306  
**Phone No.:** 571.272.3730  
**Subject:** Appln No.: 09/661,916  
Atty Docket: 02887.0190

**FROM**

**Name:** D. Kent Stier  
**Phone No.:** 404.653.6559  
**Fax # Verified by:** sg  
**# Pages (incl. this):** 2  
**Date:** December 2, 2004

**DEC 02 2004**

**Confirmation Copy to Follow: NO**

**Message:**

**Dear Examiner Nahar:**

**Attached is an Applicant Initiated Interview Request Form. Please contact Mr. Stier at the number listed above re dates you would be available to discuss the application.**

**Thank you.**

**If there is a problem with this transmission, notify fax room at (404) 653-6462 or the sender at the number above.**

**This facsimile is intended only for the individual to whom it is addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If you have received this facsimile in error, please notify the sender immediately by telephone (collect), and return the original message by first-class mail to the above address.**

PTOL-415A (09-04)  
Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

### Applicant Initiated Interview Request Form

Application No.: 09/661,916 First Named Applicant: Takeo BAYASE  
Examiner: Qamrun Nahar Art Unit: 2124 Status of Application: Rejected

**Tentative Participants:**

(1) D. Kent Stier (2) Qamrun Nahar  
(3) \_\_\_\_\_ (4) \_\_\_\_\_

Proposed Date of Interview: \_\_\_\_\_ Proposed Time: \_\_\_\_\_ (AM/PM)

**Type of Interview Requested:**

(1) ☒ Telephonic (2) ☐ Personal (3) ☐ Video Conference

Exhibit To Be Shown or Demonstrated: ☐ YES ☒ NO

If yes, provide brief description: \_\_\_\_\_

### Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) <u>Rej.</u>	<u>1, 7, 9,</u>	<u>Mason</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) <u>Rej.</u>	<u>11, 12</u>	<u>Mason</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Continuation Sheet Attached					

**Brief Description of Arguments to be Presented:**

Claims 1, 7, 9, 11, and 12 distinguish the present invention over the cited art.

An interview was conducted on the above-identified application on \_\_\_\_\_

**NOTE:** This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP § 713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b)) as soon as possible.

  
Applicant/Applicant's Representative Signature

\_\_\_\_\_  
Examiner/SPE Signature

D. Kent Stier  
Typed/Printed Name of Applicant or Representative

50,640

Registration Number, if applicable

This collection of information is required by 37 CFR 1.133. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.